Washington State Department of Social & Health Services
ADSA Aging & Disability Services Administration

Fact Sheet

Aging and Disability Services Administration
Washington State Department of Social and Health Services

September 2004

Fircrest Downsizing And RHC Consolidation Alternative

Retention of Licensed Professional Services

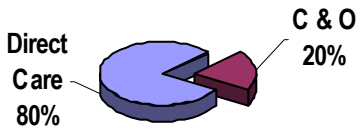
People with severe Developmental Disabilities lack access to some specialized healthcare in the community.

Proposal

Establish a clinic to transition some Licensed Professional Services into the community if there is a Fircrest School closure. The clinic would provide a combination of direct care and consulting-outreach services. Services provided by the clinic include: Assistive Technology, Audiology, Behavioral, Dental, Medical, Occupational and Physical Therapies, Speech Pathology, and Wheelchair Repair.

- Direct care services focus on individuals with acute care or medically complex needs. The goal is to refer individuals to other providers.
- Consultation-outreach has the goal of increasing the number of service providers through internships, in-service, one-on-one demonstrations, consultations, and other on-site offerings.

Proposed Community Services



Direct Care = services to individuals
C & O = Consulting and Outreach

Rationale

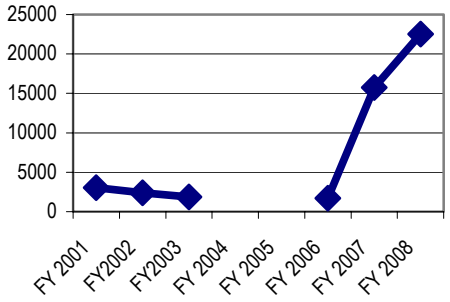
The 2003 Legislature asked DSHS to *"Provide a preliminary transition plan to the fiscal and policy committees ... The transition plan shall include recommendations on ways to continue to provide some of the licensed professional services offered at Fircrest School to clients being served in community settings."*[1]

Over the past 35 years service delivery to individuals with developmental disabilities has shifted from institutional to community based settings. This is reflected by the growth of the community segment of the program serving individuals with developmental disabilities from 1994 to 2003. In 1994 there were 20,163 people receiving some level of services in the community while in 2003 there were 32,360. This represents a growth of 60 percent or 12,197 individuals.

Retaining some licensed professionals from Fircrest will provide a limited "safety net" of skilled and coordinated services for people with the most severe disabilities. These licensed professionals would also provide consulting services to other licensed professionals and be actively involved in the development of community-based resources through education, training, and other outreach activities.

[1] Chapter 211(e), Laws of 2003, 1st Special Session (2003-05 operating budget)

Community Service Hours



Clinic services are proposed to begin in 2006 and service hours available to the community will increase to 22,500 annually by 2008.

Alternatives

The following additional models were considered:

1. **Reduced Client Services** – alternative to proposed model that minimizes staffing while retaining service integration.
2. **Gap-Based**– this model emphasizes the services in most demand providing full staffing for these identified service gaps (Assistive Technology, Behavioral, Dental, Speech Pathology Wheelchair) and minimizes staffing in other services.
3. **University Affiliation** – this model assumes that Dental, Speech Pathology, Assistive Technology, and Wheelchair tech affiliate with DECOD, CHDD, or therapy departments at the University of Washington.

The proposal submitted was chosen based on maximizing direct care, consulting and outreach services to DDD clients.

Next steps:

- Continue to review promising practice models in other states
- Develop plan to expand consulting and outreach services state-wide
- Track and evaluate implementation stages

The following goals from the Surgeon General's "National Blueprint" are directly related to this proposal:[2]

GOAL 3: Improve the Quality of Health Care for People with Mental Retardation

GOAL 4: Train Health Care Providers in the Care of Adults and Children with Mental Retardation

GOAL 6: Increase Sources of Health Care Services for Adults, Adolescents, and Children with Mental Retardation, Ensuring that Health Care is Easily Accessible for Them

Demand

Demand identifies where a gap exists between service needs by DD clients and the capacity of the community providers to fulfill that need.

- Highest demand – based on invited input from stakeholders (parents, DD clients, Region 4 DDD, ARC, residential providers, UW and Harborview dentists, Seattle Mental Health, Fircrest providers, King County DDD [2004]) and *Center on Human Development and Disability Survey* (CHDD - 2000)
  - Dental
  - Behavioral
  - Wheelchair
  - Assistive Technology

  Note: There are general concerns about lack of providers who have DD expertise and who will accept Medicaid
- Additional data being researched
  - MAA/SSPS data base – FY 2003
  - Core Indicator Survey – 2004
  - Medical Expenditure Panel Survey – national data

Created by Jack Hamilton

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[2] CLOSING THE GAP: *A National Blueprint to Improve the Health of Persons with Mental Retardation, 2002,* Report of the Surgeon General's Conference on Health Disparities and Mental Retardation